

Fill in this Information to identify the case:

United States Bankruptcy Court for the Western District of Washington

Case Number: 18-11163-MLB

Debtor 1 Melanie Ann Stum  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
First Name Middle Name Last Name

FILED  
Western District of Washington  
at Seattle

OCT 10 2023

GINA ZADRA WALTON, CLERK  
OF THE BANKRUPTCY COURT

Local Forms W.D. Wash. Bankr. Form 12 (12/1/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

\$2,686.09

Claimant's Name:

Melanie Ann Stum

Claimant's Current Mailing  
Address, Telephone Number:

2415 N. 25th PL  
Mount Vernon, WA 98273

2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

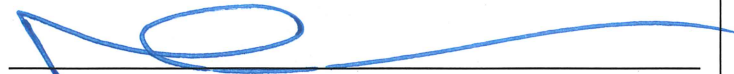
☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Western District of Washington  
700 Stewart Street  
Suite 5220  
Seattle, WA 98101-1271

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10/5/23

  
\_\_\_\_\_  
Signature of Applicant

Melanie A. Stum  
\_\_\_\_\_  
Printed Name of Applicant

Address: 2415 N 25th Pl

Mount Vernon, WA 98273

Telephone: 360 333 9966

Email: melanieannstum@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF Washington

COUNTY OF Skaagit

This Application for Unclaimed Funds, dated 10/5/2023 was subscribed and sworn to before me this 5th day of October, 2023 by

Melanie A. Stum

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public Christina Lynne

My commission expires:

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires:

